

Electronic Filing System (EFS) Data  
Electronic Patent Application Submission  
USPTO Use Only

EFS ID: 18433  
Application ID: 10065274  
Title of Invention: Dental Scaler Enhancements  
First Named Inventor: James Feine  
Domestic/Foreign Application: Domestic Application  
Filing Date: null  
Effective Receipt Date: 2002-09-30  
Submission Type: Utility Patent Filing  
Filing Type: new-utility  
Confirmation Number: 0  
Attorney Docket Number: USI-35  
Digital Certificate Holder: cn=Daniel N. Lundeen, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S. Government, c=US  
Certificate Message Digest: XzmfHgu9rCrY8nvynSzMYA==  
Total Fees Authorized: \$454.0  
Payment Category: DA - Deposit Account  
Deposit Account Number: 501285  
Deposit Account Name: Daniel N. Lundeen





# TRANSMITTAL FORM

Electronic Version 1.0.3

Stylesheet Version: 1.0

Submission Type: Utility Patent  
Filing

Attorney Docket  
Number:

USI-  
35

## Dental Scaler Enhancements

First Named Inventor: Mr. James Feine

### SUBMITTED BY

Name: Mr. Daniel N. Lundeen  
Registration Number: 31177  
Electronic Signature Mark: /s/ Date Signed: 20020930

*I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.*

*I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.*

### Attached Files:

declaration	dpoa.tif
bibd-transmittal	USI-35apds.xml
fee-transmittal	USI-35fee.xml
specification	usi35.xml
us-information-disclosure-statement	USI-35ids.xml

Attached Image File(s):

dpoa.tif

**Comments:**

Sep-30-02 14:00 Ultrasonic Services Inc. 1

**DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: DEI SCALER ENHANCEMENTS the specification of which:

☒ is attached hereto.  
☐ was filed on: \_\_\_\_\_, as Application Serial No. \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title Code of Federal Regulations, §1.56(a)

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or invention certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing before that of the application on which priority is claimed.

**PRIOR FOREIGN APPLICATION(S):**

<u>Priority Claimed</u>	<u>Number</u>	<u>Country</u>	<u>Date Filed</u>
Yes/No			
Yes/No			

I hereby claim the benefit under Title 35, United States Code, §120 of any United States Application(s) listed below, and, in the subject matter of each of the claims of this application is not disclosed in the prior United States application in the prior provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>(Application Serial No.)</u>	<u>(Filing Date)</u>	<u>(Status)</u>

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith, with full power of substitution and revocation:

<u>Name</u>	<u>Registration No.</u>	<u>Address Telephone Calls and Correspondence to:</u>
Daniel N. Lundeen	31,177	Daniel N. Lundeen
A.M. (Andy) Arismendi, Jr	31,715	Lundeen & Arismendi, L.L.P.
David B. Dickinson	47,525	P.O. Box 131144
Howard Lee Huddleston	51,824	Houston, Texas 77219-1144
		(713) 652-2555

I hereby declare that all statements made of my own knowledge are true and that all statements made on information and believed to be true, and further that these statements were made with the knowledge that willful false statements and the made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issued thereon.

INVENTOR'S FULL NAME: JAMES FEINE

INVENTOR'S SIGNATURE: \_\_\_\_\_

Date: September 30, 2002

CITIZENSHIP: United States

RESIDENCE ADDRESS: Bellaire, Texas

POST OFFICE ADDRESS, P.O. Box 2009 Bellaire, Texas 77402-2009

ADDITIONAL JOINT INVENTOR(S) LISTED ON ATTACHED SHEET: ☐ Yes ☒ No

# FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Small Entity

Independent Inventor

**TOTAL FEES AUTHORIZED: \$ 454**

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 501285



Deposit Account Name: Lundeen & Arismendi, LLP

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

## SUBMITTED BY

Authorized Name: Daniel N. Lundeen

Electronic Signature Mark: /s/

Date Signed: 20020930

## BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

## EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 19	203	\$ 9	0	\$ 0
Independent Claims: 5	202	\$ 42	2	\$ 84

4,111,452.74, 4,111,452.74

**Subtotal For Extra Claims Fees: \$ 84**